Clinical Research Training Alumni Newsletter

National Institutes of Health ◦ Clinical Center
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Introduction

The Office of Clinical Research Training and Medical Education at the NIH Clinical Center develops, administers, and evaluates clinical research training and medical education initiatives that contribute to the professional growth and development of NIH clinician-scientists and other health-care professionals. An important aspect of these initiatives is that many use long distance learning capabilities to fulfill their goals. Several programs have both domestic and international long-distance learning partners, and the growth of these partnerships has been a fundamental concept supported by the Clinical Center. These training initiatives are targeted to all members of the clinical research community including medical and dental students, physicians in formal residency and fellowship training programs, allied-health professionals (nurses, pharmacists, etc.) and lay persons.

Following are updates regarding some of these initiatives since our last publication.

NIH-Duke Training Program in Clinical Research honors 2005-06 graduates

Since its start in 1998, the NIH-Duke Training Program in Clinical Research—a collaboration between the NIH Clinical Center and Duke University Medical Center—has seen the number of its graduates rise with each passing year. On May 11, 2006, Dr. Frederick Ognibene, director of the CC's Office of Clinical Research Training and Medical Education, congratulated the following nine graduates of the 2005-06 academic term: Drs. Daniel Aletaha (May 2006), Alicia Armstrong (May 2006), Michael Boyiadzis (August 2005), Michael Cox (December 2005), Elizabeth Fox (May 2006), Raphaela Goldbach-Mansky (August 2005), Linda Mah (May 2006), Thomas Nugent, III (May 2006) and Rebecca Thomas (May 2006).

While the formal graduation ceremony is held at the Duke University campus in Durham, N.C., each year Duke sponsors a reception at the CC honoring its NIH graduates. Four of this year's graduating students joined Ognibene for this year's event, along with Dr. John I. Gallin, CC director, and Dr. Linda Lee, associate director of the Duke program.

"We are delighted that our partnership with Duke has been so successful," Gallin said as he addressed the reception attendees. "I hope you will apply this knowledge well and share it with the next group."

The program offers students a chance to earn a master of health sciences in clinical research degree while they continue to take advantage of hands-on research opportunities at NIH. It is designed primarily for clinical fellows and other health professionals training for careers in clinical research. Courses include research design, statistical analysis, health economics, research ethics, and research management. NIH participants complete course work primarily through videoconferences with Duke faculty. NIH staff teach courses on site as Duke adjunct faculty.

(l to r) Drs. Elizabeth Fox, Alicia Armstrong and Raphaela Goldbach-Mansky, graduates, Dr. John I. Gallin, CC director, Dr. Daniel Aletaha, graduate, Dr. Frederick P. Ognibene, director, Clinical Research Training and Medical Education, and Linda Lee, associate director, Duke.

"The program has given me a very good systematic view of things," said Aletaha, a clinical researcher at the Medical University of Vienna's department of rheumatology who has been working as a research fellow at NIAMS. "I was doing decent research before, but when I wanted to learn more about a subject, I could only read books—here I have been able to get the experience."

Clinical Research Curriculum Certificate Program adds new course and online tracking system

The Clinical Research Curriculum Certificate Program, which is administered by the NIH Clinical Center, now offers two new resources. The first—a new web-based training course—is a collaboration between the Food and Drug Administration, NIAID and the Clinical Center. The course, "Introduction to the Regulatory Process for Clinical Investigators," is an elective in the certificate program.

The second resource is an online tracking system, which allows applicants to register online and monitor their progress in completing the requirements. The system collects information over time as the mandatory and supplemental components of the program are completed and informs participants when they have satisfied the certificate requirements.

Designed for clinical fellows, senior physicians, staff clinicians, investigators, dentists and other health-care professionals at NIH, the Clinical Research Curriculum Certificate Program is a unique offering for those individuals engaged in, or planning to become involved with, clinical or translational research.

The curriculum program features the core competencies of clinical research and has four key requirements, including general principles and bioethical issues.

"The courses are freestanding," explains Dr. Frederick Ognibene, director, CC Office of Clinical Research Training and Medical Education. "By packaging the core clinical research competencies as a certificate program based on a curriculum, we are acknowledging an individual has completed the educational experience."

Since it was established in 2003, the Clinical Center Office of Clinical Research Training and Medical Education has focused on providing high quality clinical research training. With distance-learning capabilities currently offered in addition to on-site education, the office continues to equip medical professionals with the skills and knowledge necessary to serve effectively in their roles as clinician-scientists.

"The skills learned in the program are not unique to investigators at NIH," Ognibene says. "Those skills could and should be transported to another location if that individual leaves to work elsewhere."

Dr. Joyson Karakunnel (NIDCR) was one such program graduate who left NIH to participate in a hematology/oncology fellowship at the University of Maryland. "My long-term goals include working in an academic setting and conducting phase 1 trials in oncology," he writes. "The Clinical Research Curriculum Program certificate has helped me to further my education by providing me with an advantage in clinical research."

Clinical Center hosts program to prepare students for careers in research

CC Director Dr. John I. Gallin joins Albert Einstein College of Medicine students (l to r) Kristen Thorstenson, Ashley Holder and Daniel Schreeder. With them is Dr. Frederick P. Ognibene (r), director of the CC Office of Clinical Research Training and Medical Education.

More than 250 medical and dental students attended the third annual Clinical Investigator Student Trainee (CIST) Forum held at the Clinical Center, Nov. 2–4, 2005. This event was co-sponsored by the NIH, Howard Hughes Medical Institute, Doris Duke Charitable Foundation, Sarnoff Endowment for Cardiovascular Science, and the Ellison Medical Foundation.

Students were invited to participate in the CIST lectures, panels and workshops based on their participation in year-long clinical and translational research fellowships and their expressed interest in becoming clinical investigators later in their careers. During the CIST Forum, investigators from NIH and other academic medical centers presented their ideas and experiences, discussed controversies in medicine and bioethics, and gave advice about how to succeed as a physician-scientist.

"These students have already committed to a year of research in addition to their formal medical education," explains Dr. Frederick P. Ognibene, director of the CC Office of Clinical Research Training and Medical Education. "Our goal is to demonstrate that a career in research can be both scientifically and personally rewarding."

For more information on clinical research training opportunities, contact the CC Office of Clinical Research Training and Medical Education at (301) 496-9425 or visit http://intranet.cc.nih.gov/clinicalresearchtraining.

Dr. Art Atkinson retires from Clinical Center

Dr. Art Atkinson directed the CC course, Principles of Clinical Pharmacology.

Dr. Arthur J. Atkinson, senior advisor in clinical pharmacology to the CC director, retired from NIH in December 2005, after eight years at the Clinical Center. His relationship with the organization dated back to 1965 when he worked in NIAID as a clinical associate.

In 1997, he served as a special expert consultant for the National Institute of General Medical Sciences and was charged with assessing NIH's proposed intramural training program in clinical pharmacology. After completing his study as a consultant, he was offered the position he held until his retirement, directing the ClinPRAT postdoctoral training program and the Clinical Center course on Principles of Clinical Pharmacology.

"I wanted trainees to have the same wonderful experience I had as a clinical associate," Atkinson said.

Under his leadership, the Principles of Clinical Pharmacology course saw an increase in enrollment from 180 students to 500, a series of 34 lectures, a web site created to provide access to syllabus materials and videotapes of the lectures. Today the program is televised coast to coast and is broadcast in classrooms at University of California, Los Angeles, Indiana University and University of Texas Southwestern Medical Center.

In March 2005, Atkinson was awarded the Oscar B. Hunter Memorial Award in Therapeutics from the American Society for Clinical Pharmacology and Therapeutics (ASCPT) for his work in applying mathematical principles to individual drug therapy and dosage. "It was very humbling to receive the award," he said.

After completing his A.B. degree in chemistry from Harvard College, his medical degree from Cornell University Medical College and postdoctoral training in clinical pharmacology at the University of Cincinnati, Atkinson began a distinguished career as both an academic and scientist. He worked as a visiting scientist in the Department of Toxicology of the Karolinska Institute in Sweden before moving to Northwestern University Medical School in 1970 to start the program in clinical pharmacology, and later was appointed corporate vice president for Clinical Development and Medical Affairs at the Upjohn Company.

Royal couple visits NIH Clinical Center

The Duchess of Cornwall, followed by the Prince of Wales, is welcomed to the Clinical Center by Surgeon General Richard H. Carmona (left) and CC Director John I. Gallin (right).

As a part of their eight-day tour of the United States, Prince Charles and his wife Camilla, Duchess of Cornwall, visited the Clinical Center on November 3, 2005. The duchess, who is involved with promoting awareness of osteoporosis in the U.S. and Great Britain, came here to meet with NIH staff and bone health advocacy group members to discuss the disease.

Dr. John I. Gallin, CC director, greeted the royal couple as they entered the Clinical Center with escort Dr. Richard H. Carmona, surgeon general. Meanwhile, hundreds of employees, patients and visitors who had gathered in the lobby, many of whom had waited more than an hour to catch a glimpse of the distinguished visitors, loudly applauded as the two smiled and waved.

To the delight of many, the prince and the duchess took a few moments to shake outstretched hands and talk with individuals before going to the medical board room to attend a briefing on osteoporosis research.

Surrounded by representatives of the National Osteoporosis Foundation, U.S. officials and others, Camilla gave a statement about the disease that had afflicted her mother and grandmother, urging people to continue working together toward a cure. At the conclusion of her presentation, Carmona gave the duchess a copy of his "Bone Health and Osteoporosis: A Report of the Surgeon General," which was released in 2004.

NIH's response to Gulf Coast hurricanes

Back-to-back hurricanes (Katrina and Rita) on the nation's Gulf Coast in August and September produced the worst natural disaster in U.S. history. Even before the true extent of destruction was known, Clinical Center staff were lining up to help in any way possible and played major roles in implementing NIH responses.

A hospital in Mississippi
Sixty volunteers from across NIH and the Clinical Center, plus a contingent from Duke University, were deployed to set up a 500-bed federal medical contingency station (FMCS) in the airplane hangar of the Air National Guard in Meridian, Mississippi. The volunteers included medical, logistical, information technology, facility management, and security personnel. "The volunteers were enthusiastic and ready to commit," said Dr. Pierre Noel, chief of Laboratory Medicine's hematology service and the group's medical director. "Our hospital's goal was to provide care for patients who are actively sick or acutely injured. "The challenge was to set up a hospital containing 500 beds in 24 hours. "This could not have been done without the dedication and support of the combined staff of 180," said CAPT Elaine Ayres, team leader and the Clinical Center's assistant director for ethics and technology development. The FMCS in Meridian was staffed by the NIH/Duke team and three other teams of PHS officers, some from NIH. The need for the hospital in Meridian didn't materialize, because hospitals in the region were getting back up and running, so most volunteers headed home September 10. But the deployment to Mississippi "gave us the opportunity to better understand how best to use this type of resource in the future," said Ayres.

Surge capacity
In addition to efforts in the Gulf region, the Clinical Center created capacity to accept up to 100 patients and their family members from the affected areas. In addition, working through the Association of American Medical Colleges, NIH Director Dr. Elias Zerhouni got in touch with medical school deans across the country, and 201 institutions identified more than 1,000 potential volunteers. NIH physicians contacted colleagues in academia and professional organizations such as the Infectious Diseases Society of America and the Society of Critical Care Medicine, and those partners stood ready to support any needs that arose.

CC staff answering and triaging calls in the NIH Call Center.

Cmdr. Jeff Kopp (seated far right) of NIDDK and other corps officers prepare to fly into New Orleans to conduct needs assessments at local hospitals.

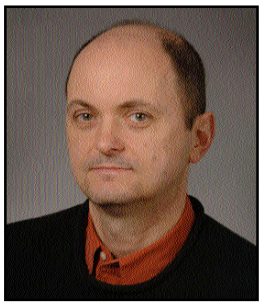
Call Center for medical support
The Clinical Center established an around-the-clock call center for medical consultation and referrals, which was available 7 days a week. Between September 3 and September 28, it handled 446 calls. Dozens of staff volunteers answered and triaged calls to medical experts from throughout NIH. Often the callers were patients and family members from Louisiana and Mississippi devastated first by Katrina and then by Rita. Staff volunteers worked tirelessly to provide information and assistance to callers with nowhere else to turn. "Most people were amazed to get a real human being on the phone," said nurse-practitioner Kathie Bronson of her experience in the call center. "They were so grateful for anything we were able to do to help. It's nice to know that you can reach out from here at NIH and help in a meaningful way."

Corps deployments
On Sunday afternoon, August 28, as Katrina developed into a category-four storm heading for the southern coast, ADM John Babb of the Commissioned Corps' Office of Forced Readiness and Deployment called for deployment of the first team from the Commissioned Corps of the U.S. Public Health Service. The corps maintains a heavy presence at NIH with 400 NIH commissioned officers, 111 of them Clinical Center employees. Before the storm hit, members of Team Alpha—30 local members of the corps plus eight employees of the Center for Disease Control in Atlanta—traveled directly into the hurricane's path so they would be on the ground and ready to help when and where they were needed most.

Local partners in emergency preparedness
In September 2005, Dr. John I. Gallin, director of the Clinical Center, Rear Admiral Adam Robinson, Jr., commander of the National Naval Medical Center, and Brian Gragnolati, president and chief executive officer of Suburban Hospital Healthcare System, signed a memorandum of understanding that military, federal, and private sector hospitals would streamline and integrate their responses to disasters. The partners have developed streamlined communications procedures, strategies for resource sharing, and the ability to free up beds to accommodate patients.

In the spotlight

Each issue, we feature the accomplishments of NIH-Duke Training Program in Clinical Research graduates. Read about this year's CRT alumnus.



Dr. Gabor Illei

As a member of the first graduating class of NIH-Duke Training Program in Clinical Research students, Dr. Gabor Illei remembers his time as a student as "work intensive but very useful." Now Illei—who is chief of the Sjögren's Syndrome Clinic at the National Institute of Dental and Craniofacial Research (NIDCR)—encourages his own fellows to enroll in the program. "I tell them, the Duke course complements the hands-on experience they can get at NIH."

After completing his hematology lab work in his native Hungary, Illei came to the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) to pursue a rheumatology fellowship in 1996. "Their history in lupus research is what attracted me to NIH," he says. "People here established the standard treatment for lupus nephritis—they changed the outcome. At NIH, they turned this fatal disease around to a point where most patients now respond well to therapy."

After working at NIAMS on clinical studies, Illei recently accepted the position he now holds at NIDCR. He is studying Sjögren's syndrome—a chronic disease in which white blood cells attack the moisture-producing glands, causing dry eyes and mouth and affecting other organs.

"This is actually a very rare position at NIH because it is a tenure track position without a significant lab of its own." Without a lab, Illei must find collaborators interested in working on the same studies. Despite that challenge, Illei says he enjoys the work because it gives him the opportunity to find out more about the disease—which affects about four million Americans—and develop new therapies to treat it.